

Quantitative Sensory Testing (QST)

Name:
Age:
Date of exam:
Condition being tested:
Test equipment and setup
Equipment to be used:
Equipment calibrated
Test procedures
I. Thermal testing
Test done
Equipment: Thermode with element and cooling water system
Nerves tested: A-delta fibres and C-fibres
Instructions: Place the thermode on the skin to measure heat and pain & cold and pain detection between 0 and 50 degrees Celsius.
Measurement:
Average of three consecutive measures:
Normal
Abnormal
II. Mechanical detection
Test done
Equipment: Von Frey Filaments
Nerves tested: A-beta fibres
Instructions: Contact with skin for 2 seconds to determine at what point the patient detects tactile input.
Measurement:
Average of five above and below-threshold stimulus intensities:
Normal
Abnormal

III. Mechanical pain threshold

Test done

Equipment: Needle stimulators

Nerves tested: A-delta fibre subtypes

Instructions: Needle applied perpendicular to the skin in ascending and descending stimulus intensity with skin contact time of 1-2s.

Measurement:

Average of five above and below-threshold stimulus intensities:

Normal

Abnormal

IV. Mechanical pain sensitivity

Test done

Equipment: Needle stimulators, Q-tip, soft brush, cotton pad

Instructions: Gentle stimuli applied to the 2cm of skin (stroking) with the various instruments.

Measurement:

Subjects are asked to rate the perception of the stimulus using a pain scale of 0-100:

Normal

Abnormal

V. Vibration detection threshold

Test done

Equipment: Tuning fork

Nerves Tested: A-beta fibre

Instructions: Place fork over bony prominence until subject cannot feel vibration anymore.

Measurement:

Disappearance threshold taken on 3 repetitions:

Normal

Abnormal

Pressure pain threshold

Test done

Equipment: Pressure gauge device (Wagner instruments)

Instructions: Apply gradually increasing pressure over muscle area.

Measurement:

3 series of ascending stimulus intensities:

Normal

Abnormal

Test findings and notes

Overall interpretation:

Examiner's observations and comments:

Healthcare professional's information

Examiner:

Name of practice:

License number:

Contact number:

Email: